

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014957

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 94

FILED MAY 14 1962

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton,		c. CITY OR TOWN Trenton, Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 316 E. Crowder Rd.		d. STREET ADDRESS (If outside, give location) 316 E. Crowder Rd. Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Mary Middle Orphie Last Rosson			4. DATE OF DEATH Month May Day 5 Year 1962		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-4-92	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Davless Co., Mo.	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Charles E. Ashbrook		13b. MOTHER'S MAIDEN NAME Margaret J. Chumbley	
14. NAME OF HUSBAND OR WIFE W. E. Rosson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT W. E. Rosson		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cranial occlusion DUE TO (b) arterio sclerosis DUE TO (c) Diabetes		INTERVAL BETWEEN ONSET AND DEATH 4 weeks	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Trenton, Mo.	

21. I attended the deceased from on 5/5/62 to her and last saw him alive on about 2:30 p. Death occurred at about 2:30 p. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE E. J. McInnis MD (Degree or title)	22b. ADDRESS Trenton Mo
22c. DATE SIGNED 5/6/62	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 9, 1962	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	23d. LOCATION (City, town, or county) Trenton, Mo.
24. FUNERAL DIRECTOR Gipson-Whitaker ADDRESS Trenton, Mo.		25. DATE RECD. BY LOCAL REG. 5-9-62	26. REGISTRAR'S SIGNATURE Frene Fair

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

MAY 15 1962

GRAND

NO.

GRAND

X

THURSDAY

45 YEARS

THURSDAY

816 N. STANLEY ST.

816 N. STANLEY ST.

1845 S. 10th

ROSSON

GRADUATE

1845

18

3-4-68

1845

1845

1845 S. 10th

1845 S. 10th

1845 S. 10th

1845 S. 10th

1845 S. 10th

1845 S. 10th

1845 S. 10th

1845

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J. Leo D. Whitaker

Licensed Embalmer No. 4780

P. O. Address Trouton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.